

**CONFIDENTIAL INFORMATION**

**PROCTOR PUBLIC SCHOOLS  
REPORT OF CHILD MALTREATMENT**

*NOTE: This form shall be completed by any school employee suspecting abuse of a child and submitted to the Initial Intervention Unit of the St. Louis County Social Service Department.*

**I. CHILD - IDENTIFYING INFORMATION:**

Name of Child: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

**PARENT OR GUARDIAN:**

Name of Mother: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Name of Father: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**II. PERSON BELIEVED RESPONSIBLE FOR ABUSE/NEGLECT:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

**III. NATURE AND EXTENT OF ABUSE OR NEGLECT:**

**IV. NAME AND ADDRESS OF REPORTER:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Mail original copy of report to:**  
**INITIAL INTERVENTION UNIT**  
**St. Louis County Social Service**  
**Room 104, Government Services Center**  
**320 W. Second Street**  
**Duluth, MN 55802-1495**  
**Telephone (218)726-2012**

Copy of report to building principal.